THE

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THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, NOVEMBER 8, 1884.

## Original.

### SOME CASES ILLUSTRATING THE USE OF THE ENDOSCOPE

**In the Treatment of Spermatorrhea, Goutte Militaire, and in the Diagnosis of Urethral Chancre. A Case of Malaria with the Bacilli Malariæ of Klebs.**

BY WALKER SCHELL, M. D.

The number of diseases in which the endoscope is of value is limited. The treatment of some of these diseases in the usual way is often so unsatisfactory that one is fortunate who has been trained to use the endoscope.

Bozzini is said to have invented an endoscope in the early years of this century. It was not an invention in the American sense, that is, that it was of practical value. Bozzini's work was published at Weimar in 1807.

The construction of an apparatus designed for the purpose of examining the bladder and uretha by Bozzini was not indeed the invention of the endoscope. Bozzini claimed for his invention too much, viz., that it was of value in the investigation of the diseases of the larynx, os uteri, vagina, etc.

The invention of Sigalas dates from the year 1826. (*Traite des retentions d'urine, par P. S. Sigalas, Paris*, 1828.)

John D. Fisher, of Boston, had invented the first endoscope simple enough to be used in 1824. It is then an American invention.

Desonneaux made the use of the endoscope popular, but he substantially borrowed the invention of Fisher. (*De l'Endoscope et des ses applications au diagnostic et au traitement des affections de l'urèthre et de la vessie, Paris*, 1865, *par Désonneaux.*)

None of the instruments invented by these men are now in use. The instrument now in use consists of an ordinary reflector, such as we use to examine the larynx and a straight tube of hard rubber or metal. It is much easier to introduce a straight instrument into the bladder or urethra than a curved instrument when one has had sufficient experience in the use of the endoscope; and, indeed, there is no reason for our ordinary catheters having a curve. I base my conclusions on anatomical grounds, and also on the facility with which I have passed obstructions to the caliber of the urethra, strictures, polypi, etc., with the endoscope. *The immovable portion of the urethra* is almost *straight*, not curved as we are commonly taught in our text-books on anatomy.

F., aged thirty years. Three years ago patient contracted gonorrhea, and has since had the "military drop." At times during this period the discharge almost ceased only to return on the slightest cause of irritation. He is also troubled with polutions which commonly have occurred as often as two or three times a week, and when sexual connection has been attempted the sperma was discharged prematurely.

When he came to consult me he had a melancholy and dejected air about him and appeared like one whose health and spirits had greatly suffered.

The constant staining of the patient's linen was a source of mortification, as was also his impotence. During almost the whole of the time for the last three years he has been under the care of various physicians and has had much internal medication, in addition to innumerable varieties of injections, use of sounds, etc., this last method of treatment was instituted because of a mistaken diagnosis of stricture and not after the method of treatment advised by Otis.

I passed No. 24 Grünfeld endoscope, without the least difficulty. The entire urethral mucous membrane was normal with

the exception of two centimeters in the region of the prostate, the colliculus seminalis, and openings of the seminal ducts. This part of the urethra appeared dusky red and granular. To the diseased portion of the urethra I applied once a week tincture iodine, 1 : 10, and occasionally argentum nitricum, cum kali nitrico, through the endoscope. Once or twice I used a crayon of alumen and also of cuprum. In a few weeks' time the interval between the emissions of semen lengthened, and after about three months ceased. When I last saw patient he had not had a single emission in ten weeks. The discharge ceased earlier than the emissions and never returned. Diplococci gonorrhoici were present in the discharge, so that it was infectious till its cessation.

In the case of N., farm laborer, troubled with frequent seminal emissions, I used principally tincture iodine in varying strength to the openings of the seminal ducts and colliculus seminalis.

X., aged twenty-six years. Has had the goutte militaire for the past five years. He has been variously treated, and at times there has been an apparent cessation of the discharge. It would invariably return when patient would indulge in sexual intercourse or drink excessively of beer.

Patient came to me last Christmas and desired that I should undertake to cure him, as he was under an engagement of marriage to an estimable young lady and could find no reasonable excuse for longer delay. On endoscopic examination I found the chief seat of his trouble was in the membranous and prostatic parts of the urethra.

In order to be certain of the amount of reaction I applied mild astringents to these parts three or four times. I then applied a solution of argentum nitricum 2.0:30.0 to the diseased portion of the urethra and one of half that strength to the whole of the urethra. This was followed by considerable reaction, and on my advice the patient kept his bed. I administered mild opiates, gave the penis an elevated position and placed him upon light diet. When the inflammatory symptoms subsided I washed out his urethra twice a week with a weak solution of kali hypermanganicum crystallisatum 0.2:150.0 and at the same time placed him upon a tonic of ferrum citricum oxydatum. In six weeks the discharge had entirely ceased, but I gave him kali hypermanganici et acidi borici (āā), 0.1:100.0. (M., ft., inj.) This he continued to use about four weeks when he discontinued it. A few weeks later he married, yet the discharge did not return nor did he infect his wife.

I have treated several cases of goutte militaire after this plan, and so far it has proved successful; still I am inclined to believe that the better plan is to limit the applications to those portions of the urethra which the endoscope shows to be diseased. In cases of spasmus vesicæ, as the result of a neurosis, with a frequent desire to pass water, a cauterization with argentum nitricum has frequently given relief in my hands. In the last year I have have had three cases of this kind occurring in males.

G., had been treated by his physician three weeks for gonorrhea when he came to consult me. I found a chancre about two centimeters within his urethra. This I treated locally by applications of iodoform. The lymph vessels were suspiciously swollen when the case fell into my hands, and in four weeks the patient broke out with roseola syphilitica and later plaques muqueuses appeared in his mouth.

In the single case of malarial fever that has fallen into my hands since I located in Newport, I examined the blood during the cold stage of the second paroxysm and found numerous spores and four or five well-formed bacilli malariæ on each of the two cover glasses which I put under the microscope.

The best investigations of the bacillus malariæ are by Klebs and Tommasi Crudeli. (*Archiv für exper. Path.*, 1879, *and Nuovi studi sulla natura delle malaria, Roma*, 1881.)

NEWPORT, KY.

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## ELECTRICITY IN OPIUM POISONING.

BY SAMUEL AYERS, M. D.

The treatment of narcotic poisoning formerly consisted of the use of the stomach-pump or emetics, the vigorous application of switches, walking the patient, and the administration of drugs that were supposed to counteract in any way the action of the poison. That such a course of treatment has often assisted, rather than prevented, the action of the poison is, I think, evident.

To introduce a stomach-pump or give an emetic to rid the stomach of poison that may still be there is rational, and we must assume the risk of depression that attends the treatment. When, however, it is not

strongly probable that the pump or emetic will bring up poison it should be scrupulously avoided. Flagellation does accomplish peripheral irritation, and thus stimulates the action of the heart and lungs, but who would use it when a substitute can be had that accomplishes the same thing more efficiently, and does not wound? Cold water dashed in the face or on the body stimulates respiration, but if respiration had to be kept up thus for several hours the premises would be flooded. In the worst cases there is so little circulation that medicines are taken up with difficulty, if at all, no matter how introduced; and, if absorbed, I can not determine, after a careful study of the experiences of others and my own, whether they are of advantage or disadvantage.

Atropia is considered by most authorities the best antagonist to morphine; Horsley, Brown-Sequard, and other equally eminent authors, yet assert that atropia administered with a toxic dose of morphine increases the depression. Digitalis does not properly antagonize the action of morphine, for the opium pulse is usually apoplectic, and the heart takes care of itself if only the respiration can be maintained. Every one recognizes the danger of the erect posture while under an anesthetic; why, then, is it not also dangerous when the heart and lungs are about to cease action from morphine? To walk a patient in this condition must be hazardous.

Opium kills by paralyzing the centers of respiration; the indication in its treatment, therefore, is to maintain respiration until the poison ceases to affect these centers. In electricity we have an agent that meets the indication more perfectly than all others. I have had occasion to observe its value in three cases that were moribund from chloroform, in two that would otherwise have been fatal from chloral, and in quite a number desperately poisoned with morphine. The following case is illustrative:

About eleven P. M. of October 5th, I was called with Dr. H. W. Peters, of this city, to see a case of opium poisoning. We found the patient, a delicate man of fifty-five years, *in articulo mortis*. No pulse was perceptible at the wrists, the respirations, or rather gasps, were about three per minute, and the air seemed not to enter the lungs at all. It seemed as if each one would be the last. The entire body was cold, the face was pinched and black, and the reflexes were dead to all ordinary impressions. I passed my finger rudely over the eyeball—a real corpse would have responded as much. Whatever was to be done had to be done without delay. Fortunately we had with us a powerful faradic battery, which we lost no time in making use of. It was applied as follows: Placing the fingers on the posterior border of the sterno-mastoid muscle and pressing it firmly forward so as to uncover the phrenic nerve, one sponge was placed in the space thus formed and held firmly in position. The other was placed over the abdomen, just beneath the ensiform cartilage. The current thus applied caused a contraction of the diaphragm, and consequently an inspiration. On removing the sponge over the abdomen the diaphragm would relax, causing expiration. By thus alternately applying and removing at the diaphragm respiration was kept up at our will. The contractions were at first feeble, but increased in force after a few minutes' steady application. In half an hour the pulse was perceptible at the wrist and the respirations continued, when the current was withheld, at the rate of four per minute. They were labored and shallow, however, and a relapse soon admonished us to resume work with the battery.

While thus engaged endeavoring to sustain respiration and the heart's action, the advisability of using other agents was fully considered, but we concluded to rest our chances with the battery alone. The stomach-pump or emetics could do no good; the poison had been in the stomach long enough to be absorbed. Neither Dr. Peters nor I could recall a single case similar to this in which atropia, digitalis, ammonia, and the other medicines had seemed to be of any decided benefit. Our hopes were in the battery—we used it faithfully, and kept the air-passages clear. At the end of two hours from the time of arrival the pulse was plainly felt at the wrist, though weak, rapid, and irregular; and the respirations, without the battery, were six per minute—still shallow and jerky, but much improved.

The process first begun was continued five and a half hours longer, with constant improvement in all symptoms, and the patient was now out of danger.

Ordinary means still failing to produce any evidence of returning sensibility, we concluded to test the value of electricity simply as a peripheral irritant. The metal points on the poles were applied to the most sensitive portions of the face, such as the tips of the ears and nose, the lips, and under the eyelids. This was soon followed by

efforts to get the face away, then by slight movements of the hands and feet. The irritation was continued not more than ten minutes when the patient convulsively raised himself half up and stared vacantly about him. He was now able to answer questions, and rapidly returned to a clear mental state.

He afterward told us that he had taken ten grains of morphine—that he called for that amount, and saw it weighed out.

The patient had suffered from phthisis pulmonalis, and both lungs were seriously involved at the time of poisoning, certainly an unfavorable condition in which to survive the immediate action of the drug. On the following day he complained of the most distressing pain over the entire chest and right hypochondrium. He had every symptom of intense congestion of lungs and liver, following, I think, the recent blood stasis. Both lungs now rapidly broke down, and on the 14th of October, eight days after the poisoning, the patient died.

The fact of the patient's afterward dying certainly argues nothing against the value of the electricity; on the contrary, that it should have tided him through in spite of his damaged lungs only makes its triumph the greater.

In order to be successful a very powerful current is essential, and it must be used principally with the view of maintaining respiration. No weak or uncertain current will answer, and I am convinced that in the majority of cases where this agent has failed it was due to the use of an inferior instrument, or the improper application of it. Had we in the above case depended upon one of the electrical toys which too frequently enter into the physician's paraphernalia, failure would have been as certain as if we had depended upon drugs. The instrument we used was a nine-current faradic, made by A. C. Harris, of this city, and is a perfect model for power, certainty of action, and ease with which it can be applied. With such an instrument at hand, I believe the deaths from chloroform and ether would also be greatly diminished in frequency.

LOUISVILLE, KY.

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THE mortality of the globe, as given by a Continental journalist who has made the computation, is as follows: Per minute, 67; per diem, 97,790; and per annum, 35,639,835; whereas the births are 36,792,000 per annum, 100,000 per diem, and 70 per minute.

## Miscellany.

RHYMES OF THE TIMES.— Dr. R. F. Wark, writes in the Detroit Lancet:

Are we the men our fathers were,
And do we stand as high,
Is there no failure in our strength,
No cloud across our sky?
Could we live as our fathers lived
On diet coarse and spare,
Exposed to summer's scorching heats
And winter's gelid air?
No sir! Our stomachs all would fail,
Our livers all play out;
Hearts flutter, lungs like bellows heave,
And joints creak with the gout.
And why? Because our feverish life
And want of sanitation
Is sapping health and stealing wealth,
And killing off our nation.
The little child of tenderest years
Is hurried off to school,
To mope amid the poisoned air,
And learn to be a fool,
Crammed with a dozen 'ologies,
On books and training fed,
Neuralgia drives its ticklish nerves
And mania claims its head;
Precocious men and women swarm
On life's steam-driven stage,
We have worn-out brains and senile souls
At fifteen years of age!
Our food—if we can call it food,
Is pleasing to the eye,
And yet there's death or deadly dirt
In half the things we buy.
The staff of life is splinted up
With alum by the pound.
Our groceries, too, get sadly mixed
In trade's unceasing round.
The sharp wholesaler alligates,
So he can make the prices
And always rake the shekels in,
Whether stock falls or rises.
The jobber takes the business next,
And mixes it and mixes;
And last the good retailer comes
And fixes it and fixes,
Till when at last the customer
Has bought the stuff and paid it,
He scarce can tell you what it is
Or how on earth they made it.
With glucose in the sugar bowl
And corn starch in the cream,
The bulls of Bashan wake us
From our oleo-margarine dream.
O man of family, for strength
Trust not the milk-can now,
'Tis two quarts from the country pump
And one quart from the cow.

Our dwellings (not the poor men's homes
But homes of men of wealth)
Are built for show and vain parade,
But how about our health?
Are health and strength inhabitants
Of primly sealed up rooms,
With fly screens on all openings,

An atmosphere of tombs?
No letting in of God's free air,
The dust annoys us so;
We get our share of outer air,
It rises from below.
From sink and pipe and sewer trap
Comes Shiva's poisonous breath
That spreads the noisome pestilence
And fills the air with death.
Ye eat the poisons in your food,
Ye breathe them in your air,
Ye paint them on your pallid cheeks,
Ye rub them in your hair;
Your garments swarm with poison germs,
Your houses reek with woe,
Throw not the blame upon the Lord,
Yourselves have made it so.

How remedy this state of things?
There's room enough to spare,
The race that owns a continent
Can give its children air.
Heat up your parlors piping hot,
Throw open every door,
Let babies play by open grates,
Or roll upon the floor,
For why should we economize
So much in wood and coal,
At such a wonderful expense
Of muscle, brain and soul?

How shall we regulate our lives,
How keep ourselves in health?
Not by the emulation wild
Of scrambles after wealth.
Better the converse, social, free,
Of men of equal fate,
Than all the assemblies, crams, and jams,
Of those, the so-called great,
Who set the fashions, lead the church,
And try to own the State.

Better a clean suburban home,
A rural cottage neat,
By bobolink haunted, flowery field,
Or maple shaded street,
Than marble palace, smudged with dirt
By trade's unhallowed feet.

Better a hearty family
Of noisy boys and girls,
Than one lone young philosopher,
One of the modern pearls,
Or one dear girl "too lovely too,"
All style, and nerves, and curls.

"Better a little with content,"
A mind to enjoy our ease,
Than millions gained by basest means,
And left on our decease
To raise a storm among our heirs,
And swell a lawyer's fees.

THE poisonous character of urea when introduced into the tissues of animals has been demonstrated experimentally by MM. Grehaut and Quinquand. In rabbits the fatal dose is 661 milligrams per 100 grams of blood.

COPPER SODA-WATER FOUNTAINS.—The Weekly Drug News of October 11th, publishes the following order, issued by the Health Commissioner of Brooklyn, with comments:

DEPARTMENT OF HEALTH,
BROOKLYN, September 25, 1884.

By virtue of the power conferred upon me by law, I do hereby declare the following practices dangerous and detrimental to the public health, and do prohibit the same in the city of Brooklyn:

First—The storage, keeping, selling, or having for sale of soda-water or mineral water in tin-washed copper fountains or vessels.

Second—The storage, keeping, selling, or having for sale of soda-water, mineral water, syrups or flavoring extracts, in vessels composed in whole or in part of copper, lead, or other poisonous substance in which the soda-water, mineral water, syrups, or flavoring extracts come in contact with the copper, lead, or other poisonous substances.

Third—The selling, delivering or draughting of soda-water, mineral water, syrups or flavoring extracts, through pipes, faucets or taps, composed in whole or part of copper, lead, or other poisonous substances, unless such pipes, faucets or taps are so lined, coated or protected as that the soda-water, mineral water, syrups, or flavoring extracts can not come in contact with the copper, lead or other poisonous substance composing the same.

J. H. RAYMOND, M. D.,
*Commissioner of Health.*

In an appendix to the order of prohibition, Dr. Raymond says that the evidence as given in the recent hearings satisfied him that the probability of soda-water and mineral water becoming contaminated with poisonous substances was very great, and that an examination just made by the chemist of the department, Dr. Bartley, confirms this opinion. Dr. Bartley also made, at the request of Commissioner Raymond, a private and personal canvass of the stores in Brooklyn where soda-water is found on sale. He chose such of the main thoroughfares as Fulton Street, Court Street, Myrtle Avenue, Smith Street, Flatbush Avenue, Fifth Avenue and Broadway. Fifty-five examinations were made, and copper was found in the syrup in eight instances, and in the soda or mineral water in seventeen instances. But four tin-washed copper fountains were in use, and in every one Dr. Bartley found the soda-water impregnated with copper. He reported the result of his investigations to Dr. Raymond, and that gentleman was, as above stated, convinced from the result that prohibitory measures were necessary.

A SUBSTANTIAL AND MERITED TESTIMONIAL.—Dr Forbes was prosecuted while Demonstrator of Anatomy of the Jefferson Medical College for alleged violation of the

cemetery acts of this State. After an expensive trial, toward which the college rendered him no assistance, he was triumphantly acquitted. The professoion at large then took up the matter as one meriting substantial proof of wide sympathy with the result indicated below (Medical and Surgical Reporter):

222 SOUTH 16TH ST., PHILA., August 1, 1884.

*Dear Dr. Forbes:* I inclose, with the approval of Drs. Agnew and Levis, a check for $1,500, which represents the fund contributed by the profession toward the expenses to which you were recently so unfortunately put. It represents also, I am sure, a great deal of hearty sympathy and sincere respect which, I know, are of more value to you than the money itself. With best wishes and warm regards believe me Yours faithfully,

J. WILLIAM WHITE.

PHILADELPHIA, August 2, 1884.

*Dear Dr. White:* I received to-day your letter of yesterday inclosing, with the approval of Drs. Agnew and Levis, a check for $1,500. You state that this check represents the fund which was contributed by the profession toward the expense to which I have been recently so unfortunately put, and that it likewise represents a great deal of hearty sympathy and sincere respect for me on the part of the profession at large.

It is exceedingly gratifying to me to be thus made aware of the feeling in the profession in so pronounced a manner. It emphasizes the verdict of the court and of the public at large, as expressed in the daily papers and in the medical journals.

I beg to make my grateful acknowledgments at the receipt of this marked expression of professional feeling and approbation at my conduct while in the line of my duty.

Very respectfully yours,

WM. S. FORBES, M. D.,
*Demonstrator Anatomy, Jeff. Med. Coll.*

A PHYSIOLOGICAL CHECK TO POPULATION. If we consider special cases of noted men, the great generals of the world, the commanding statesmen, the distinguished scientists, the celebrated authors—all, in fact, who have become distinguished for superior mental ability—an almost universal result appears: they have either left no descendants, or their families were very small. And, for that matter, we need but to look at the evidences every where surrounding us. We think it will be found to be a general rule that persons constantly exercised in mental labor have few or no children; while the largest families belong to those who do not trouble themselves to think at all. There is abundant reason to believe, then, that such a physiological check to population really exists; and in its operation it is not difficult to perceive a rich promise for the future of the human race. For it is in no sense, in its superior phase, a starvation check. Nor does it need any of the violent repression of natural desires exercised in the prudential check. At first sight, it appears as if its tendency must be to constantly place the cultured at a disadvantage in numbers as compared with the dull and ignorant. But this disadvantage is more than counterbalanced by the progress of education, and the brain-incitements of modern civilization. Thus, the class of brain-workers is being continually recruited, despite its lack of fecundity, and we can see indications of an immense future augmentation of this class of the population at the expense of the unthinking, and consequently of a new barrier to the progress of population, whose efficacy is now but beginning to appear.—*Chas. Morris, in Popular Science Monthly.*

A SANITARY CONVENTION will be held at East Saginaw, Michigan, under the auspices of the State Board of Health on Tuesday and Wednesday, December 2 and 3, 1884, arrangements for which have been made by a local committee of citizens of East Saginaw, acting with a committee of the State Board of Health. There will be two sessions on the first day and three on the second. At each session there will be addresses or papers on subjects of general interest pertaining to public health, each paper to be followed by a discussion of the subject treated. Welcoming Address, by Hon. John S. Estabrook, Mayor of East Saginaw; an address by the President of the Convention, Hon. William L. Webber.

Among the subjects which it is expected will be presented and discussed are the following: The Present and Future Water-Supply of East Saginaw; Drainage and Sewerage of East Saginaw; The Disposal of Waste Matter; Co-operation of Citizens in Preventing the Spread of Diseases; The Sanitary Condition and Needs of School Buildings and Grounds; The Teaching of Physiology and the Effects of Alcohol, etc. in the Public Schools; Ventilation; The Preparation of Food; The Adulteration of Food; Public Health Laws.

The president is the Hon William L. Webber, and the secretary Dr. H. V. Brooks, East Saginaw, Michigan.

LITHOTOMY IN A FEMALE CHILD.—Dr. J. G. Carpenter reports in the St. Louis Courier of Medicine the following remarkable

case: A girl six years of age had been a sufferer for three years with pain in bladder, vulva, and rectum, during which time she had been treated without avail for cystitis and anemia. Although every symptom pointed to stone in the bladder, yet not one of the many physicians who attended had ever proposed to examine that organ, nor did they suspect the presence of urinary calculus. There was difficult and frequent micturition, alternating with incontinence. Urethral lithotomy was performed, and the recovery was perfect.

"No-Coders."—A writer in the Record, who signs himself "Junius," fails to see the reason for the existence of the New York State Medical Association (represented by those who refuse to be governed (?) by the new code). He says of those county societies whose members hold that the code of their fathers is still a lamp to their feet: "The position of these societies is this: The action of the State Society has rendered the old code void in every county in the State, so far as the power to discipline is concerned. Those societies, therefore, which have not formerly adopted the new code are practically without any at all. They are, in fact, *no-coders*. To this complexion have they come."

It is not improbable that the complexion of these non-reformers may look somewhat sallow when viewed through the jaundiced optic media of the "*new-coders*," but in the eyes of the profession at large their faces are far more pleasing than the smutted physiognomies of those who have been for two years performing in the great metropolitan ethical side-show. No code is better than any code which bids for the patronage of charlatans and quacks.

Death from the Use of a Stomach Pump.—Dr. A. D. Bundy, of Saint Augsborg, Iowa, reports, in the Record of November 1st, the death of a woman who, with a history of chronic gastritis, fell into the hands of an itinerant doctor. His treatment was the introduction of a stomach tube, by which he removed the contents of the organ, and afterward washed it out. The operation had been twice successfully performed, but upon a third attempt the patient fell back and immediately expired. The autopsy showed a dilated stomach, advanced chronic inflammation, and numerous ecchymotic spots. The heart was fatty. The other organs were healthy. The woman probably died of heart paralysis, occasioned by the shock of the operation.

Dr. Louis A. Dugas died at his home in Augusta, Ga., on the 19th of October. He was born in 1806, and was, therefore, one of a generation which has to-day but few surviving representatives. Of him it may be said truly that while the early years of the century did give to medicine some men who may have achieved a more enduring fame, that none of these have labored more earnestly for the advancement of the healing art, or have left behind them a name more worthy, by all that marks the scholar, the physician, and the man, to grace the medical annals of his time.

A prohibitionist calculates that the amount of liquor made and imported into the United States in 1882 would fill a canal ten feet deep, twenty feet wide, and seventy-six miles long. The money it represents would have built a $1,000 house for the family of every mechanic in the land; would have paid for 3,664 steamships at $250,000 apiece; would have purchased 336,400 farms of 100 acres each, or would have fed and clothed all the children in the States under five years of age for two years, allowing a dollar a week for each of 10,000,000 children. Instead of doing this, it has gone gone down American throats.—*Medical and Surgical Reporter.*

The New England Medical Monthly tells us that in the brain of a patient who died in one of the Vienna hospitals, was found after death an iron nail covered with rust, which to all appearances must have been there since early childhood. The man was about forty-five years of age, a book-binder and always passed for intelligent. At irregular intervals he had had epileptic attacks, and post-epileptic mental phenomena while in the hospital.—*Ibid.*

The Cartwright Prize of the College of Physicians and Surgeons of New York, consisting of five hundred dollars, will be awarded at the commencement of 1885 to the author of the best medical essay upon any subject. The essays, which must contain the original investigation made by the writer, are to be sent to the Prize Committee, of which Dr. R. W. Amidon, 18 West Twenty-first Street, is chairman, before April 1, 1885.

# The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - - - - Editor.

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## AN OBSTETRIC GRAB.

At a recent meeting of the London Obstetrical Society, Mr. J. Hopkins Walters read a paper on the subject of Post-Partum Avulsion of the Uterus, in which were given with due comment the details of one of the most remarkable obstetric feats ever performed by any male or female exponent of the art.

The patient was aged twenty-two years, and in her third confinement. She was attended by a midwife, who, after the birth of the child, finding that the placenta did not come away, pulled at the cord until she broke it at its attachment. She then passed her hand into the pelvic region and, taking a firm grip upon every thing in reach, did not let go until she had torn from their attachments the following items of the patient's viscera: the uterus entire, the right ovary and fallopian tube, portions of the round ligaments, and the left fallopian tube with the ligament of the left ovary attached to it. Her ambition being doubtless satisfied with this brilliant result, the midwife desisted from a second grab, which would probably have cleared out the abdominal cavity.

On his arrival, some twenty-four hours after the occurrence, Mr. Walters found the woman well under the influence of opium, and somewhat recovered from severe collapse. The bowels were *in situ*, but a large quantity of omentum protruded from the vulva, and was traced up through an enormous rent in the upper part of the vagina.

The omentum, which was cold and badly bruised, was cut away at the level of the vulva, the parts were washed with a solution of potassium permanganate and then guarded against further protrusion by means of a pad of salicylated wool. Under careful general and local treatment the omental stump sloughed away, the vaginal opening cicatrized, and after twenty-four days the patient was so far recovered as to be able to ride five miles to a hospital, where she made a complete recovery.

This remarkable incident led the author to search for other cases of the kind, when he found records of thirty-six women whose uteri had been accidentally removed during parturition. Of these, fourteen had recovered. In three only was it definitely settled that the uteri were torn away without previous inversion.

In considering the medico-legal aspect of this accident, the author draws an important distinction between the accidental removal of a uterus which had been previously inverted, and a uterus which had not undergone inversion. For, since, according to present experience, the uterus when inverted in child-bed is not found to co-exist either with rupture of that organ or the vagina, its removal in such a case would argue ignorance and violence in the midwife who would stand as a criminal in the eye of law. On the other hand, if it were proved that the uterus was taken away without previous inversion, it would be impossible to assert that its removal was wholly due to violence, since its rupture and spontaneous separation from its vaginal attachment might have contributed to the accident.

In the discussion which followed, Mr. Braxton Hicks expressed the belief that

in this case a rent was made at the vaginal attachment of the womb during the second stage of labor and that the midwife, passing her hand through this into the pelvic cavity, had grasped and pulled down the omentum with all that followed, under the impression that it was the placenta. He said that any obstacle in the way of the free expulsion of the head during the second stage of labor would cause the force of uterine contraction to be expended at the utero-vaginal junction, and might, under certain conditions, result in a complete separation of the two organs.

Dr. Barnes agreed with Mr. Hicks, and said that the uterus might be by natural efforts, or aided by slight and not culpable manipulations, entirely detached, and, lying loose, might be blamelessly brought away by the obstetrician in his attempt to remove the placenta.

Mr. Champneys said that the womb might easily be torn loose from the vagina by inserting one or more fingers through the cervix, retroverting the fundus, hooking the fingers backward, and pulling.

Notwithstanding the charitable view of the case taken by the majority of the obstetricians present, it was the opinion of a very respectable minority that the avulsion of the entire uterus, whether inverted or uninverted, was extraordinary, and a very grave and responsible procedure.

To us, who have been taught the ways of non-meddlesome midwifery, and who have seen in too many cases the results of the senseless and violent meddling of those ignorant women who in this country pass for midwives, the above accident would seem to be without excuse, while it is certain that a midwife presented at court with so big a handful of spoils witnessing against her skill would find few, if any, professional witnesses whose testimony could be so twisted as to prove her void of offense.

But while the opinions of the great obstetricians above named must not be lightly set aside, and while the spontaneous separation of the uterus and vagina during labor may be proved, the womb, in consequence, being mistaken for the placenta, the fact makes it but the more important that parturient women shall always have skilled attendants, who, forewarned against the accident, and meeting with it for the first time, will not drag into daylight any more specimens of the woman's viscera than may be deemed essential to a correct diagnosis.

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## PHILANTHROPY.

Last Sunday afternoon witnessed the dedication, by appropriate religious services, of the Church Home and Infirmary.

This splendid building, which is thus made for all time a home for aged women and an infirmary for the sick of both sexes, combines the devices, architectural, hygienic, and substantial, of many of the best buildings of the kind in the world, and is pronounced by competent judges to be from roof to cellar worthy to stand the test of the most searching scrutiny.

It is in every sense of the word a home, being more like a well-appointed hotel than a hospital. Every room is spacious, well ventilated, and, besides the general heating apparatus, is furnished with an open fireplace, while jutting windows through which the sun shines during some part of the day, affords the sick the luxury of a sun bath, and a view of some of Louisville's loveliest suburban surroundings.

The gentleman to whose munificence is due this substantial and fit testimonial of the love of man for man, makes known some of the incentives which moved him to build the house, and his wishes as to its future management in the following graceful letter, which was read at the dedication service:

TO THE PRESIDENT AND TRUSTEES OF THE CHURCH HOME AND INFIRMARY—*Gentlemen:* It is known to you that what lay in my mind when a sick and suffering young man as a mere hope took in time the shape of a purpose, and this in season grew into a realization. And what once

might have been counted as a dream has, in the period afforded by an ordinary lifetime, risen into a reality. It is that reality which I now offer you in the form of a building, to be called, as you are aware, "The Church Home and Infirmary," to be consecrated to the uses of the white races of every nation and creed, and to be managed by the Episcopal Church. In its construction, neither pains nor expense have been spared in the endeavor to secure all that modern experience has shown to be best calculated to supply the wants and administer to the comforts of its inmates. Henceforth the fortunes of this institution are placed in your hands. Before you assume its control allow me to express two of the many feelings which crowd upon me on this occasion. One is a feeling of joy that the task which I set for myself so many years back has reached completion. The other is a feeling of genuine thankfulness that I have been spared to witness it. Perhaps I should not ask more than this; and yet there remains among the many wishes that arise in my mind two that are very near my heart. One is that you, as the future custodians of the house, will furnish and equip it in a style befitting the purposes for which it was built and in a manner worthy of the church to which it has been given. The other wish is that it be dedicated to the memory of that just and faithful servant of God, my beloved friend and pastor, James Craik, for so long the Rector of Christ Church, to whom and his associate, Rev. John N. Norton, D. D., deceased, I am so much indebted for their interest, zeal and counsel. My work is now done and yours begins. Let zeal, born of charity, be your guide. That duty is light which is cheerfully borne. "Do what lieth in your power and God will assist thy good will."

Humbly may we hope that He will bless our present work. Yours,

JOHN P. MORTON.

## OUR TYPHOID ENDEMIC.

Dr. J. N. McCormack, the able and energetic secretary of the Kentucky State Board of Health, was in the city last week, and devoted several days to the further investigation of our sanitary surroundings and their relation to the undue prevalence of typhoid fever at this time.

His labors have elicted some significant facts, which it is hoped may satisfactorily account for the outbreak, and suggest such sanitary precautions as shall prevent a similar recurrence of the disease in future years.

The sanitary officer is warm in his praise of the local profession, who evinced their regard for hygienic science by giving him without stint their valuable time and wise counsel whenever and wherever sought during the investigation.

## Bibliography.

**Manual of Diseases of the Throat and Nose.** Including the Pharynx, Larynx, Trachea, Esophagus, Nose, and Naso-pharynx. By MORELL MACKENZIE, M. D. London Consulting Physician to the Hospital for Diseases of the Throat, etc. Vol. ii. Philadelphia: P. Blakiston, Son & Co. 1884.

With volume ii, Dr. Mackenzie completes his great work on the Diseases of the Throat and Nose. It is by far the most comprehensive and thorough of the works extant upon these subjects. A commendable feature of the work is that he gives Americans credit for what they have done in rhinology and laryngology, his many quotations showing that he is well read in the American literature of these subjects. This is unusual for a European. His classification of diseases of the throat and nose is excellent. To the above he adds a short but well-written chapter on "Throat Deafness." In an appendix he gives "Special Formula for Topical Remedies," which will be of great service to those physicians who have not the Throat Hospital Pharmacopeia. The author's illustrations are not plentiful, except as to instruments. W. C.

**Handbook of the Diagnosis and Treatment of Skin Diseases.** By ARTHUR VAN HARLIGEN, M. D. 282 pages, with two colored plates. Philadelphia: P. Blakiston, Son & Co. 1884.

The author of this little book has kept well in view his expressed object in writing it, viz., the making a ready reference book for the busy practitioner. He gives a concise yet sufficiently full account of the diagnostic symptoms and treatment of those skin diseases most commonly met with in this latitude, touching briefly on the rarer diseases, thus making a very practical and useful working manual. An interesting feature of the book is an appendix, in which the author has arranged a brief dietary table, giving a list of such articles of food as should be eaten or avoided by patients with skin diseases. R. B. G.

**Notes on the Treatment of Trachoma by Jequirity.** By LEARTUS CONNOR, A. M., M. D., Ophthalmic Surgeon to Harper Hospital, Detroit, Mich. Reprint. 1884.

This pamphlet gives a brief, critical review of the literature of the subject up to this time. It is in substance and in diction characteristic of its learned and talented author.

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Mumps as a Cause of Sudden Deafness. By Leartus Connor, A.M., M.D. Reprint.

Club Foot: Is Excision of the Tarsus necessary in Children? By DeForest Willard, M. D., Lecturer, Orthopedic Surgery, University of Pennsylvania, etc. From Transactions of the Medical Society of the State of Pennsylvania. Philadelphia: Collins, Printer. 1884.

The Brain and the Nerves: Their Ailments and their Exhaustion. By Thomas Stretch Dowse, M. D., F. R. C. P. E., Fellow of the Medical Society of London, Fellow of the the North London Hospital for Consumption and Diseases of the Chest, formerly Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, etc. New York: G. P. Putnam's Sons. 1884.

Lectures on the Principles of Surgery: Delivered at Bellevue Hospital Medical College. By W. H. Van Buren, M.D., LL.D. (Yalen), formerly Professor of the Principles and Practice of Surgery in the Bellevue Hospital Medical College, etc. Edited by Lewis A. Stimson, M. D., Professor of Physiology and Clinical Surgery in the Medical Department of the University of New York. New York: D. Appleton & Co. 1884.

Medical Rhymes. A Collection of Rhymes of Ye Anciente Time, and Rhymes of the Modern Day; Rhymes grave and Rhymes mirthful; Rhymes anatomical, therapeutical, and surgical; All sorts of rhymes to interest, amuse, and edify all sorts of followers of Esculapius. Selected and compiled from a variety of sources. By Hugo Erichsen, M. D., Professor of Neurology in the Quincy School of Medicine, Medical Department of the Chaddock College, etc. With an introduction by Prof. Willis P. King, M. D., Sedalia, Mo. Illustrated. St. Louis, Mo: J. H. Chambers & Co. 1884.

On Sclerosis of the Spinal Cord; including Locomotor Ataxy, Spastic Spinal Paralysis, and other system-diseases of the spinal cord, their Pathology, Symptoms, Diagnosis, and Treatment. By Julius Althaus, M. D., M. R. C. P., Senior Physician to the Hospital for Epilepsy and Paralysis, Regent's Park; Fellow of the Royal Medico-Chirurgical Society, of the Pathological, Clinical, and Medical Societies of London, etc. With nine engravings. New York: G. P. Putnam's Sons, 27 and 29 West Twenty-third Street. 1884.

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# Correspondence.

## LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

*Editor Louisville Medical News:*

In the list of officers for the ensuing session of the Female Medical School the general medical tutor is a lady, Mrs. Dowson occupying that onerous position. The demonstrator of anatomy is Miss Prideaux, licentiate of the Kings and Queen's College of Physicians, Ireland, the assistant demonstrator being Miss Helen Webb. The science of hygiene will be taught by Dr. Sophia Jex Blake. The diseases of women will be undertaken by Mrs. Atkins, who is one of the physicians of the New Hospital for Women, and Mrs. Garrett Anderson is one of the two lecturers on the general practice of medicine, and also fills the office of dean, while the honorary secretary is Mrs. Thorne, and the assistant Miss Heaton.

For those women who elect to enter upon the very arduous work of medical practice, every aid that can be afforded is given. An entrance scholarship of £30 is offered for competition every year, the subjects of examination being English, Latin, arithmetic, the elements of mathematics, and elementary physics. A valuable scholarship of £50, for five years in succession, is offered for competition by the National Indian Association for ladies willing to devote themselves to the practice of medicine among women of India; and other societies offer to assist ladies who will study with a view of going as medical women to China and elsewhere. A prize of £100 will be offered for competition to registered medical women, to enable the holder to spend one year on the continent and give up her time to the special study of obstetric surgery. The object of this prize is to help some woman specially adapted for the work to get such an amount of additional experience as shall enable her to become a

consultant in this department of medical practice.

The practical experience required for efficient medical education is afforded to the students of the school by its connection with the Royal Free Hospital in the Gray's-inn road, which accommodates one hundred and fifty indoor patients, besides having a very extensive "outdoor" department, the students of the school taking the posts of clinical clerks and dressers in succession, thus acquiring familiarity with medical practice. Each assistant has twelve patients under her charge for sixteen months, eight of which are devoted to medical the remainder to surgical cases. The arrangements for the medical education of women are far more satisfactory than they could have been expected to be a dozen years ago. At that time the prejudice against women doctors was very great, especially with the public at large, but the movement in their favor has outlived the opposite feeling. It is felt that the value of medical women in India, where from cast prejudice men can not possibly practice, overbalances all antagonism. In the zenanas the women and children die miserably, without the possibility of obtaining the slightest medical assistance from the male European physician. No corresponding feeling debars the entrance of a European woman into a zenana.

At present the majority of licensing boards refuse to admit women to examinations for the degrees which enable them to practice. The only portals by which a woman can enter practically into the medical profession are three: The King and Queen's College of Physicians, Ireland; the Royal University of Ireland, and the University of London, Burlington House. For each of these a preliminary examination in art is required, the severity of which varies somewhat; by far the most severe being that of the University of London, the rigor of whose matriculation examination has formed the subject of indignant comments in recent numbers of the Lancet.

The expenditure of time, money, and health required to qualify for the medical profession must be duly considered by the intending candidate. The actual money that has to be paid in fees approaches closely on £200. Four or five years must be devoted to constant study. During this long period the student has no time to earn any thing, consequently food, lodging, and clothes must be provided for, so that the actual amount to be expended in the education of a medical woman can not be taken at less than £1000.

In some of the infirmaries peroxide of hydrogen is used as an antiseptic and astringent. It is colorless, does not stain, produces no pain, and is non-poisonous. A small quantity of a ten-per-cent solution brought in contact with pus completely destroys it.

The commission under the direction of Dr. Klein, appointed by the Indian Government to examine into the cholera question, is satisfied that Dr. Koch's microbe is not the cause of the disease. The commission is still continuing its inquiries, but so confident is Dr. Klein on the microbe question that he swallowed a number of them without any evil results.

Four lady nurses have been selected to proceed to Egypt for service with the army medical department in the Nile expedition. Two are taken from the staff of the Herbert Hospital, at Shooter's Hill, the other two come from the Guard's Hospital, at Westminster. They will be distributed among the hospitals which are now being established by Lord Wolseley at various stations on the Nile Valley, and although they are few in proportion to the number of soldier-orderlies of the hospital corps who will be employed, they will have an influence for good.

It appears that the weather has become cooler over all Italy. The risks for strangers who wish to winter in Florence or Rome are now purely nominal, and have indeed been so from the first. Professor Huxley has just been ordered by his medical advisers to winter in Venice, and has left to take up his residence in that city. In Rome there have been a few cases of cholera, but as they occurred in different parts of the city and at different periods they really only prove that the sanitary conditions are of a nature to resist the disease. Florence has enjoyed an absolute immunity. Indeed, the whole of Tuscany has, broadly speaking, been uninfected from first to last. What adds to the likelihood of its remaining so is the fact that during the last outbreak of cholera in Italy in 1865, 1866, and 1867, when the epidemic extended from north to south along both sides of the seaboard, and ravaged Sicily, the only cases in Florence were fourteen at the barracks. For people living a normal life, well fed, well clothed, and well lodged, the danger of disease is no greater than they incur every day in the

towns and populated districts of their native land.

Dr. Crombie, one of the best-known practitioners in Aberdeen, has just died, under melancholy circumstances. He was riding along with a friend when the horse Dr. Crombie was riding shied and threw him. He fell on his head, and when he was removed to his home it was found he was suffering from a severe fracture of the skull. His death is deeply regretted by the students, with whom he was a great favorite.

Owing to the great number of accidents and complaints of danger from the defective construction of vaults and the insecurity of iron plates over cellar holes in the foot-pavements of the public streets, the parochial authorities of Kensington have framed a series of regulations on these subjects with the view of diminishing the danger to pedestrians.

There is a great falling off this year in the number of medical students entering the London Hospitals. At Cambridge University there is, however, a greater number of entries than there has been previously.

LONDON, October, 1884.

## Societies.

*Editor Louisville Medical News:*

The ninth annual meeting of the third Congressional District Medical Society of Indiana was held at the Court House in this city to-day, Dr. T. A. Graham, of Jeffersonville, president, in the chair. The attendance was small, owing perhaps to the feverish condition of the community engendered by our quadrennial political eruption which is now nearing a crisis.

The following papers were read: On Typhoid Fever, by Dr. R. S. Rutherford, of Galena. This was supplemented by a brief report from the secretary, and the disease thoroughly discussed as to etiology and treatment. A paper on Uterine Hemorrhage was read by Dr. N. Field, of Jeffersonville. This was discussed at length by the fellows, who in general dissented from the views of the writer. In closing the discussion Dr. Field reaffirmed his position without sign of wilt or waver. An oral report was made by Dr. John Sloan, of New Albany, on the recent revelations of the microscope. Chronic Septicemia, a paper by Dr. L. S. Oppenheimer, of Seymour, was well received. Dr. E. S. Elder, Secretary of the State Board of Health, Indianapolis, read an able paper on Preventive Medicine, for which the Society tendered him a hearty vote of thanks. Dr. William Bailey, of Louisville, was present, and by his earnest participation in the discussions contributed not a little to the interest of the meeting. On the whole, the session was one of unusual interest and profit. The next annual meeting will be held at Jeffersonville on the fourth Tuesday in October, 1885.

The following officers were elected for the ensuring year: President, Dr. John Sloan, New Albany; Vice-President, Dr. Wm. H. Sheets, Jeffersonville; Secretary, Dr. J. N. Ruddell, Jeffersonville; Treasurer, Dr. N. Field, Jeffersonville; Censors, Drs. L. S. Oppenheimer, R. S. Rutherford, T. A. Graham.

JOHN L. STEWART, M. D.

NEW ALBANY, IND., October 28, 1884.

### PHILADELPHIA CLINICAL SOCIETY.

**Stated Meeting, held September 26, 1884.**

A case of atresia vaginæ with retention of menses was reported by Dr. E. E. Montgomery. Miss F., aged forty-four, single, of healthy parentage, was brought to my office July 5, 1884, by Dr. Sibbald, of Wissahickon, with the following history: She commenced menstruating at sixteen and continued without disturbance until her thirtieth year. Two years previously she had fallen upon a curbstone, receiving quite serious spinal injury, which lasted a year, when she finally recovered. The menstrual periods, which were always regular, lasting from three to four days, normal in quantity and color, at thirty became painful. Since then the pain has been constant and increasing with each period. The discharge now lasts from seven to ten days, is of a dark bloody nature and offensive odor. During the menstrual intervals, there is a continuous discharge of "corruption," as she calls it, necessitating the constant wearing of a napkin, and producing excoriation. All of these symptoms have been increasing during the past eight years, and she has been compelled to discontinue work a week or more at a time. She complains of a sensation of weight or pressure in the pelvis, attended with severe pain during defecation. There is no pain during micturition. Her nervous

system has become much affected. Upon examination the vagina was found relaxed and the external parts red and bathed with secretion. The vagina was about two inches long, ending above in a lateral cicatrix. No uterus could be felt. Upon withdrawal the finger was found bathed with a dark, thick, highly offensive discharge. The use of a Sims speculum disclosed a cicatricial line running from side to side across the fundus of the sulcus, just posterior to which the membrane looked thinner. Slight pressure against this with a sound perforated it and was followed by a profuse discharge of broken-down blood and pus. A pair of Ellinger's dilators was then introduced and spread to their full extent, over four ounces of the fluid flowed out. The cavity was then washed out with a carbolized solution. In this cavity above the cicatrix the uterus was found retroverted and firmly fixed, forming the roof. The cavity was dressed with carbolized glycerine on cotton. Subsequent treatment was conducted by Dr. Sibbald. He informs me that there has been no difficulty since, and that she now feels perfectly well.

Dr. W. H. Parish. That the treatment adopted in this case was proper, the result showed, though it was not in accordance with the treatment directed by the text-books. We are there told to puncture the cavity with a trocar and draw off the confined liquid drop by drop. This is undoubtedly wrong, and its disadvantages have been demonstrated in my own practice. The crucial incision is undoubtedly best.

Dr. Collins relates the details of a case treated in the manner of the text-books by exploratory needle, trocar, and drop by drop drainage. The cartilaginous membrane acting as septum was one and a half inches from the vulva and probably congenital. A crucial incision was made after drainage, and the corners cut off; no further trouble was experienced by the patient.

Dr. Montgomery, in closing the discussion, said: As Dr. Parish has said, the free incision is best, though it was precipitated in the case related by an opening occurring during examination. The danger of septicemia is certainly increased by a small opening. A particular point of interest in this case was the lateness in life and the time that elapsed between the injury and the retention.

G. Betton Massey, M. D.,
*Reporting Secretary.*

## Selections.

Disinfecting the Sputa of Phthisis.—Dr. J. Sormani, Professor of Hygiene at the University of Pavia, gave some interesting details at the Hygienic Congress of the Hague concerning experiments made this year on one hundred and fifty guinea-pigs with the sputa from phthisis. The object in each case was to ascertain what chemical or other methods would neutralize the bacillus, which it was previously ascertained existed in large numbers in the sputa. The results of these experiments were summarized in the following manner: (1) The bacilli of tuberculosis were generally very difficult to destroy; dryness, exposure to oxygen, putrefaction, and most disinfectants failed to produce any effect. (2) A temperature of 100° C. only killed the bacilli after at least five minutes of ebullition. (3) The artificial digestion of bacilli showed that they were the last of all living organisms to be destroyed by the gastric juices or chloridric acid. A very active digestion is necessary to kill this microbe. A healthy man may destroy the bacilli in his stomach, but an infant or an adult with his digestive faculties impaired would easily allow the germ to pass the stomach intact, and retain its virulence in the intestinal tube. This determined enteric ulcerations, etc. (4) The bacillus of tuberculosis can be preserved intact for a whole year when mixed with water. It is probable, though not proved, that it has retained its virulence during that time. Thus drinking-water may become the means of propagating tuberculosis. It is probable that contaminated linen retains its virulence for five or six months. (5) Alcohol does not destroy the germ, and hard drinkers often suffer from tuberculosis. (6) Cod-liver oil, ozone, oxygenated preparations, and other similar remedies, have no effect in killing the bacillus, nor are benzoate of soda, salicylate of soda, sulphate of zinc and carbolic acid, iodide of silver, bromide, camphor, etc., of much greater use. They injure perhaps, but do not absolutely destroy the bacillus, at least not in the doses that can be taken without danger. (7) A more decisive action may be attributed to creasote, eucalyptol, pure carbolic acid, the naphthols, and bichloride of mercury. (8) For disinfecting spittoons, carbolic-acid solution at five per cent is thought sufficient, and Dr. Sormani asserts that the breath

never contains any bacillus. He also suggested that essences of turpentine or eucalyptol should be diffused in the house as an agent for the destruction of this special germ.—*London Lancet.*

THE CHOLERA EXPERIMENTS UPON ANIMALS.—The following interesting account of some experiments which two Swiss physicians, Rietsch and Nicati, have been making in the laboratory of the Pharo Hospital at Marseilles, by instructions from the French Government, has been forwarded to us by a correspondent in Paris. They have, in addition to cultivating the cholera microbe as Dr. Koch had done in the same laboratory two months ago, and obtained thousands of microbes from the intestines of cholera patients immediately after death, inoculated a number of guinea-pigs, dogs, and rats with the deadly disease. The success of these experiments is described by the *Journal de Genève* as complete. The guinea-pigs all died at a minimum interval of forty hours, after symptoms of diarrhea and cramp, the same as with human beings, while the dogs mostly died four days after inoculation. The guinea pigs were much more susceptible to the disease than any other kind of animal, and when Drs. Rietsch and Nicati injected some of the contents of a human intestine into their stomachs, they died from the self-same causes which in a similar case would kill a human being. To make the inoculation more effectual they injected the choleraic secretions right into the duodenum, as they had observed that the bile has the effect of checking the development of the microbe. The conclusion which they draw from these experiments is that there is a practical mode of diagnosis in all doubtful cases of cholera, and that in such cases it will be sufficient to repeat with the contents of the patient's intestine the direct inoculation into the duodenum of a guinea-pig to ascertain within a few hours whether it is a case of cholera or not. The second conclusion which they draw is a prophylactic one, and it is that the gastric juice and the bile digest the microbes very thoroughly. These two juices are excreted in large quantities during the digestion which follows a meal, whereas they are scarcely excreted at all when it is merely liquid which passes through the canal. This is equivalent to saying that impure water is less dangerous when taken with food than when drunk by itself. The mutual relations of indigestion to diarrhea are of the same order, and they confirm in every particular the connection between the cholera and the microbe discovered by Dr. Koch. The Swiss physicians have repeated their experiments two or three times before the staff and students of the hospital, and before several medical men from Barcelona, who had come to Marseilles for the purpose of witnessing the experiments.—*London Lancet.*

CHRONIC INVERSION OF THE UTERUS.—Dr. W. H. Wathen, of Louisville, in a clinical lecture (Medical and Surgical Reporter), after appropriate discussion of the clinical history of a case before him makes the following suggestions as to treatment: What are we to do with this patient; she is now in such a weakened prostrate and anemic condition, and so extremely nervous, with several degrees of fever, that no operation for the purpose of repositing the uterus could for the time being be resorted to. We will therefore temporize, and control hemorrhage, and try to improve her nutrition by giving good nourishing and easily digested diet, by allowing the rays of the sun to shine upon her, and by giving rich tonics. The hemorrhage may be controlled by keeping her quiet in the horizontal position and by the injection of some concentrated astringent, such as alum, tannic acid or acetate of lead; and if this does not succeed, by by exposing the uterus by Sims's speculum and then applying some caustic to all its surface—mineral acids, nitrate of silver, carbolic acid, etc.—after which use some solution that would neutralize any superabundance of the application, then wipe the parts dry and place around the uterus pledgets of absorbent cotton to protect the vaginal walls.

Hemorrhage being controlled, the patient finally regains sufficient blood and strength to justify us in an effort at replacement. And how are we to do this?

There was but little known about the pathology and proper treatment of chronic inversion of the uterus until the present century, and but few successful cases of reposition until after the middle of the century. But little was written on the subject until the time of Ambroise Pare, about the middle of the seventeenth century. The old method of treating these cases was by amputation of the uterus. It was not believed that it could be restored to its proper condition by any possible means; but we now know that there are but few instances

where it is impossible to succeed in this operation. It may be reposited by gradual or by rapid reduction—in the first instance, by elastic pressure, with vaginal stem and cup; or by elastic pressure, with vaginal water-bags with taxis, or by vaginal water-bags alone.

Gradual reduction should, in nearly every case, be attempted before resorting to rapid reduction, for the reason that it is often successful, and is always less dangerous. This plan of treatment may be persisted in for days, and sometimes for weeks, with impunity, the patient's condition being the index of the continuation of the treatment.

If, however, failure result from this method, we then resort to rapid reduction. Having brought the patient's system into a proper condition, we relieve the bowels and the bladder, then placing her under the influence of an anesthetic the operation is begun with three or four good assistants.

A great many methods, differing one from another in minor points, have been practiced by different operators, each, however, generally similar in principle. We will not have time to-day to go into the details of the operations by the various methods, and I intend to call your attention to a means that has recently suggested itself to my mind, and which I shall avail myself of in this case when she is in a condition to be operated upon. In all the methods suggested and practiced for the reduction of chronic inversion of the uterus, it is necessary to use pressure and counter-pressure; in fact, we could hardly imagine how the operation could be otherwise successful. Various means of applying pressure and counter-pressure have been devised, and in the effectiveness with which these are applied consists chiefly the superiority of one operation over another. The pressure is usually applied directly by the hand or indirectly by means of cup-shaped instruments that fit over the fundus of the inverted organ. The counter-pressure is applied through the abdominal wall just above the symphysis pubis against the uterus, or one or two fingers are introduced into the rectum and hooked over the uterus into the ring of the cervix, or the urethra may be dilated, and the counter-pressure applied by holding the cervical end of the uterus between a finger in the bladder and two fingers in the rectum. Reposition may also be accomplished by making an incision about one and a half inches in length through the posterior uterine wall into the cavity, avoiding the fallopian tubes and the large vessels at either side or in the neck. Through this opening the cervical canal can be expanded by metallic aud rubber dilators. The incision may then be sewed up with silk-worm gut or other proper suture, and the uterus at once replaced.

Thomas operates for inversion by abdominal section, and after dilating the cervix, applies the counter-pressure directly to the neck.

The operation to which I will call your attention to-day differs from other operations in the application of counter-pressure; this is applied from the vagina upon the non-inverted cervix while the pressure is being used. This can be done by introducing several large silver or silk sutures deep into the non-inverted cervical tissue, or by seizing the lips with properly-constructed seizing-forceps. By pulling upon the sutures or the forceps while the pressure is being applied, we have a counter-pressure entirely within our control. Besides, the force is so applied as to assist in dilating by pulling the cervix outward and downward over the body of the fundus. The principle of this procedure is apparently correct, though I have had as yet no opportunity to test it in practice.

If this means of reduction has been suggested or practiced by any one, I would be pleased if the profession would correct me and point to literature on the subject. The operation would certainly be an improvement over any previously practiced, unless the sutures or the seizing-forceps fail to hold in cervical tissue till the reposition is accomplished.

THE TREATMENT OF PUERPERAL FEVER WITH COLD BATHS.—M. Chobert, an abstract of whose inaugural thesis is given in *Lyon Medicale*, draws the following conclusions from a number of observations made by him at the Lyons Maternite: 1. Cold baths can be safely administered in the puerperal state. 2. They are indicated in all cases of puerperal trouble attended with high temperature, with the exception of acute peritonitis. 3. We should begin with a bath of 28° C., and gradually lower the temperature until 18° C., is reached. 4. The baths are to be repeated every three hours until the temperature of the patient has fallen to 38° C., and remains there with slight evening oscillations. With the baths, large doses of alcohol are to be administered. Diet principally liquid.